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Facilitators and Barriers to Effective Discharge Medication Counseling in Hospitalized Children

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Introduction: The transition from hospital to home is a vulnerable time for medication errors. Children are at increased risk for medication errors, especially if their caregiver has limited health literacy. Little is known about the facilitators and barriers for effective discharge medication counseling for hospitalized children.

Methods: Focus groups and semi-structured interviews were conducted with caregivers of children < 4 years old discharged from the Monroe Carell Jr. Children's Hospital at Vanderbilt and with healthcare providers (nurses, pharmacists, resident and attending physicians) who provide discharge medication counseling. All sessions were audio/video-recorded. A hierarchical coding system was developed using an interview guide and preliminary review of the transcripts. Coded transcripts were analyzed using an iterative inductive-deductive approach.

Results: Three focus groups and 5 individual, semi-structured interviews were conducted with a total of 17 caregivers (14 English speaking and 3 Spanish speaking). A total of 16 healthcare providers completed individual interviews (6 nurses, 3 pharmacists, 2 attending physicians and 5 pediatric residents). Key facilitators of effective counseling for caregivers included (1) hearing information from multiple healthcare providers; and (2) utilizing other available tools and memory aids such as the medication bottle or phone alarms. Key barriers included (1) errors and essential medication information missing from written instructions; and (2) cognitive fatigue. Key facilitators according to healthcare providers included (1) counseling by multiple members of care team; and (2) written discharge instructions. Key barriers included (1) time constraints; (2) provider knowledge; and (3) inconsistent use of health-literacy informed communication strategies.

Conclusions: Participant perspectives revealed a need for improvements in written medication instructions and consistent use of standardized, health literacy-informed strategies such as teach-back and show-back. Findings from this study are being used to design and test a health literacy-informed discharge medication counseling intervention to reduce discharge medication dosing errors for hospitalized children.